

Name
in
Full

Lettie Barber

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Joseph Barker	
Father's Name	Lewis Hubert		
Mother's Maiden Name	Susan Hubert		
Name of person giving Information	Joseph Barker		

CAUSES OF DEATH

Primary

Chronic Intestinal Upsetts

120

How long

2 yrs.

Immediate

Acute Bumulitis

7 days

Are the name, age, sex, color, date and place correctly given above?

yes.

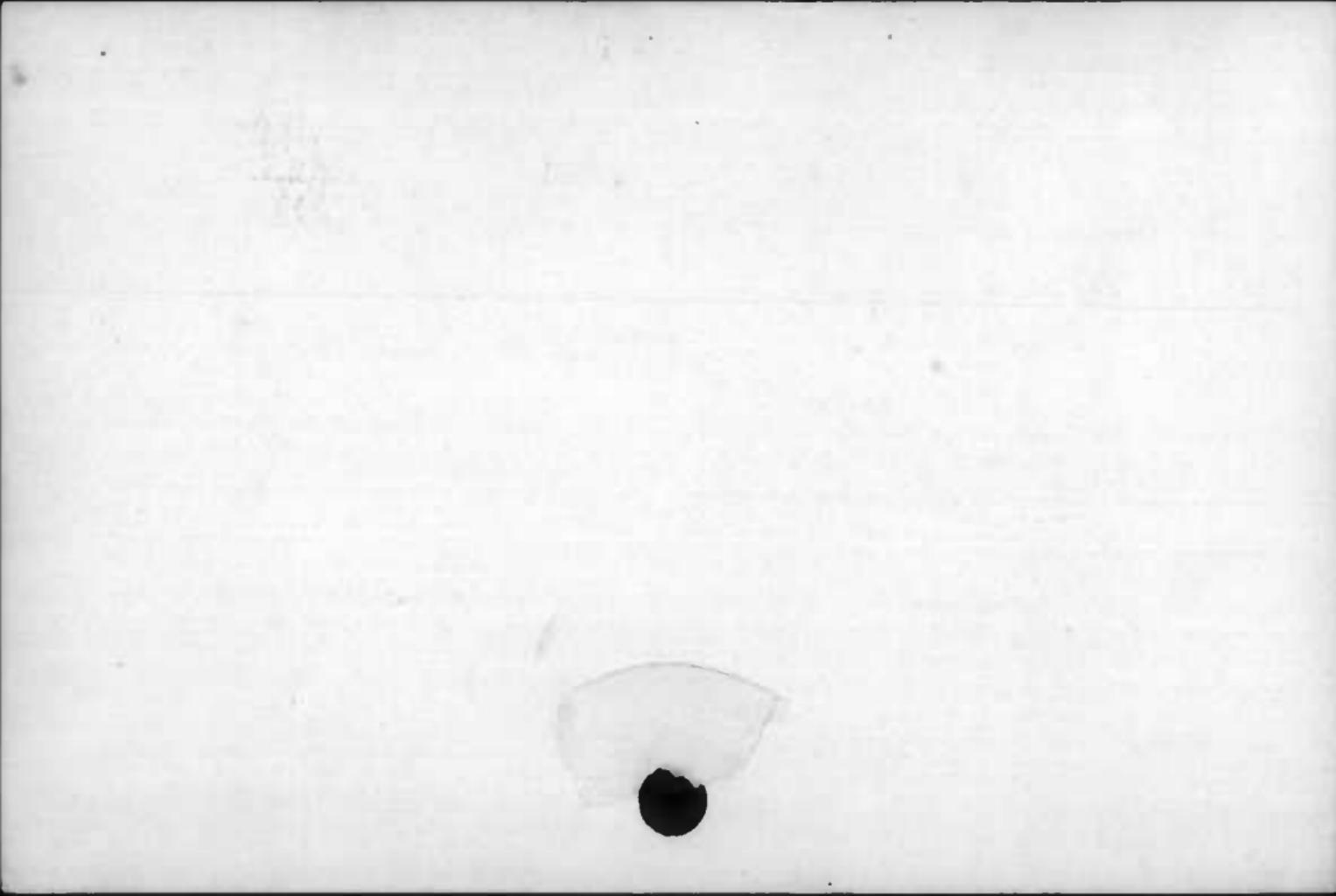
Signature of Physician

Rev. V. Palmer

Address

Palmer's in d

Accident or Suicide?



Name
in
Full

Maud M Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month 8	Day 17	Years 26	Months	Days
Sex Female	Color or Race White	Birth-place Maryland			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Joseph Brown	Father's Birthplace Maryland			
Father's Name Huggs	Mother's Birthplace Maryland				
Mother's Maiden Name Unknown	How related to deceased Husband				
Name of person giving information Joseph Brown					

CAUSES OF DEATH

27 ✓

Primary

Pulmonary Tuberculosis

How long 18 Month

Immediate

Hemoptysis

How long 2 Weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

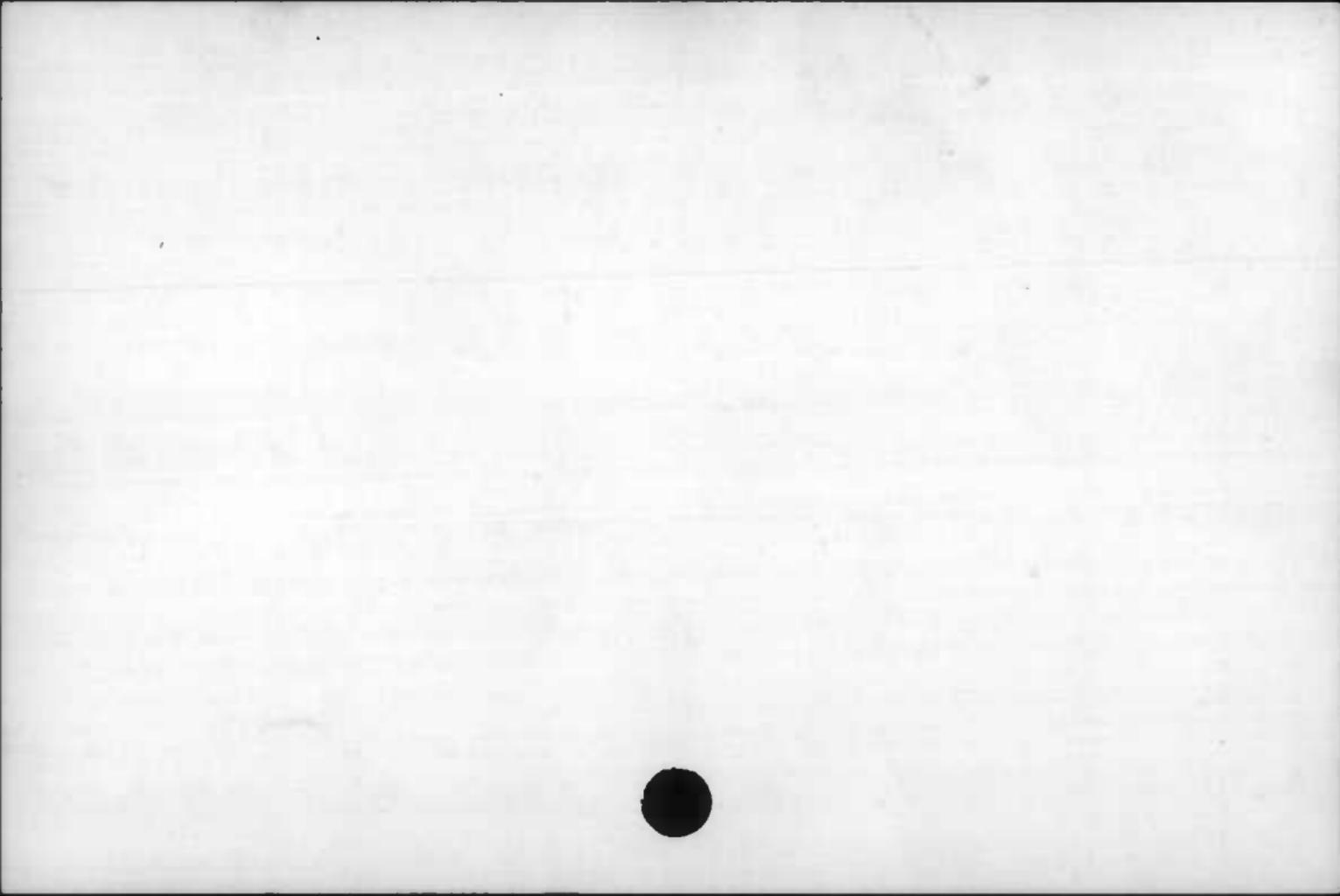
Signature of Physician

S. S. Smith

Address

Leonardtown

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Biscoe

CERTIFICATE OF DEATH

MARYLAND

Town	County	
Died at Hermanville	St. Marys	
Date of death 1907	Month May	Day 4
Age Still Born	Years	
Sex Male	Color or Race Black	Birth-place Hermanville
Occupation Nurse	Where Residing if not at place of death Hermanville	
Married, Single or Widowed	Name of Wife or Husband Allen Biscoe	
Father's Name Allen Biscoe	Father's Birthplace St. Marys Co.	
Mother's Maiden Name Selena Barnes	Mother's Birthplace St. Marys Co.	
Name of person giving Information Grandmother	How related to deceased Grandmother	

CAUSES OF DEATH

8

Primary

Still Born

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

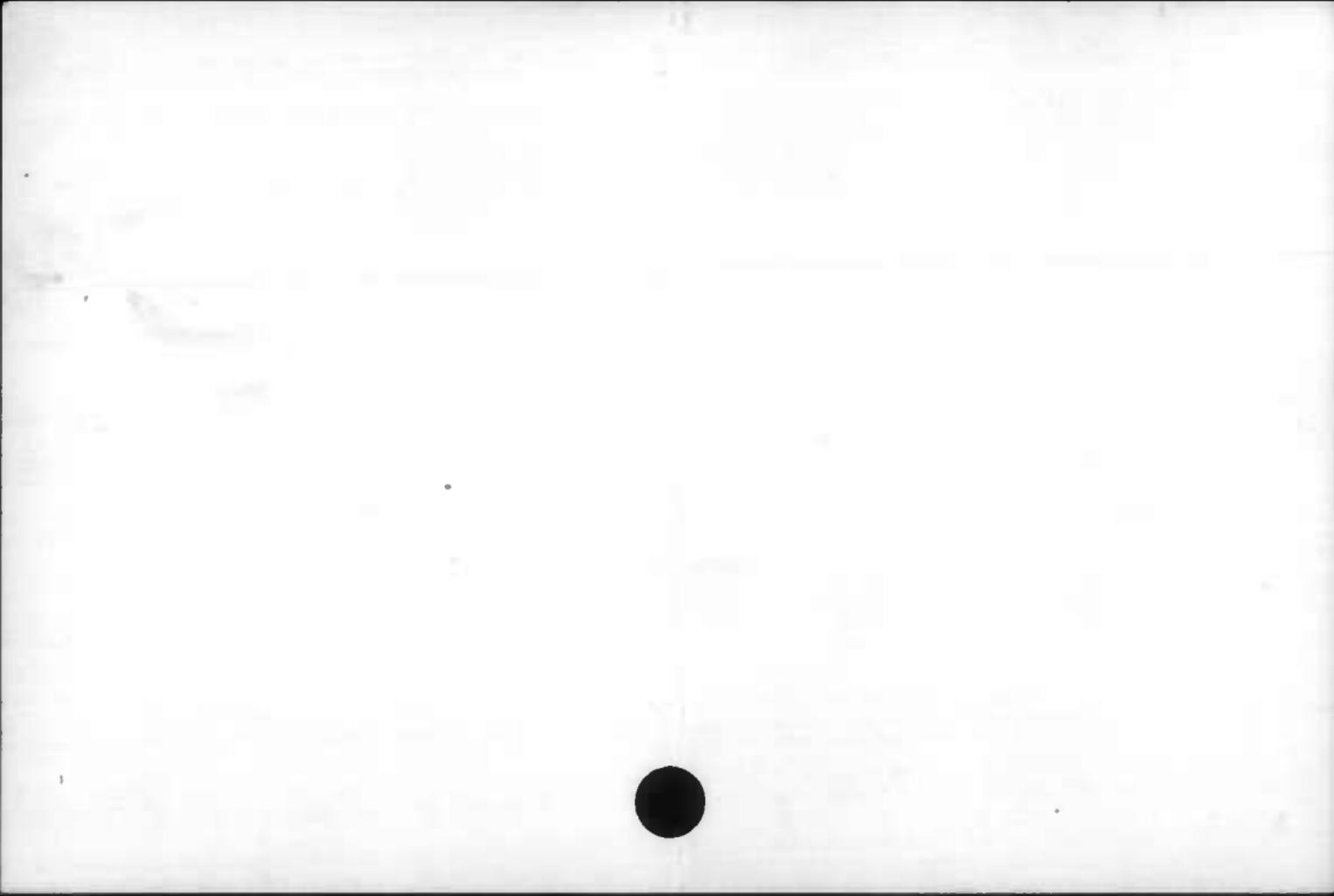
Signature of Physician

yes

Address

Henry Richardson,
Great Mills, Md.

Accident or Suicide



Name
In
Full

Lillian M. Tornsp -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Oakhillie	St. Marys	Months	Days
Date of death	1909 May 15	Age	45 -	
Sex	Female	Color or Race	White	Birth-place
Occupation	Hauswif	Where Residing if not at place of death		
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband	William P. Forrest	Father's Birthplace	Da
Father's Name	John Morgan	Mother's Birthplace	Dorothy	
Mother's Maiden Name	Dorothy	How related to deceased	By marriage	
Name of person giving information	Hannah T. Lee	How long	176	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Murdered

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

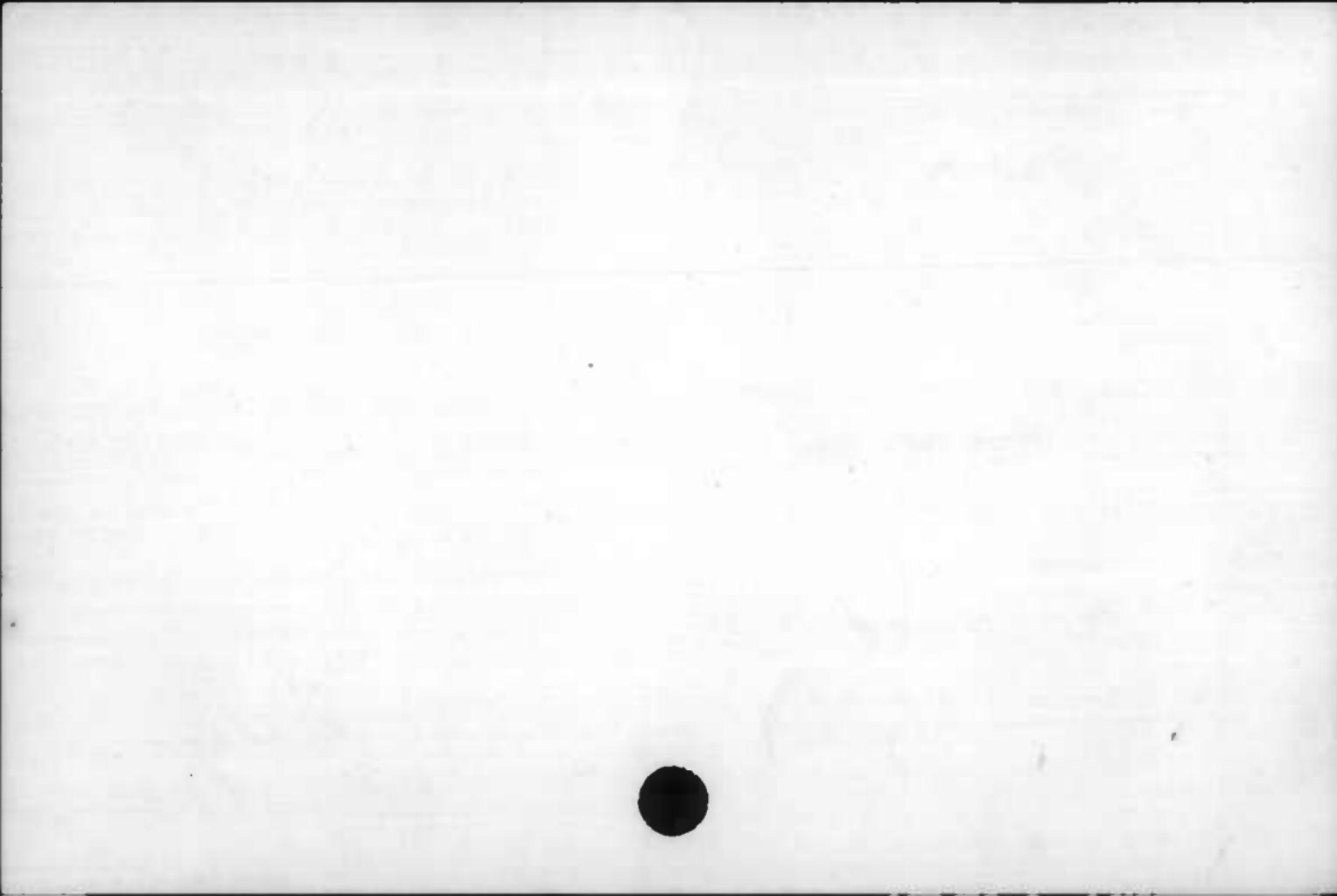
yes

Signature of Physician

Address

J. O'Leary.

Accident or Suicide?



Name
in
Full

William P. Forrest

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at Corklee	St Mary's		Months	Days
Date of death 1909 May	Day 10	Years 60		
Sex Male	Color or Race Co hite	Birth-place Mel.		
Occupation Former	Where Residing if not at place of death Lillian M Forrest			
Married, Sing. or Widowed	Name of Wife or Husband	Father's Birthplace Mel.		
Father's Name Joe Forrest	Mother's Birthplace Mel.			
Mother's Maiden Name Henrietta Plandee	Daughter			
Name of person giving Information Henrietta Kiey	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Murdered

176

Hour long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

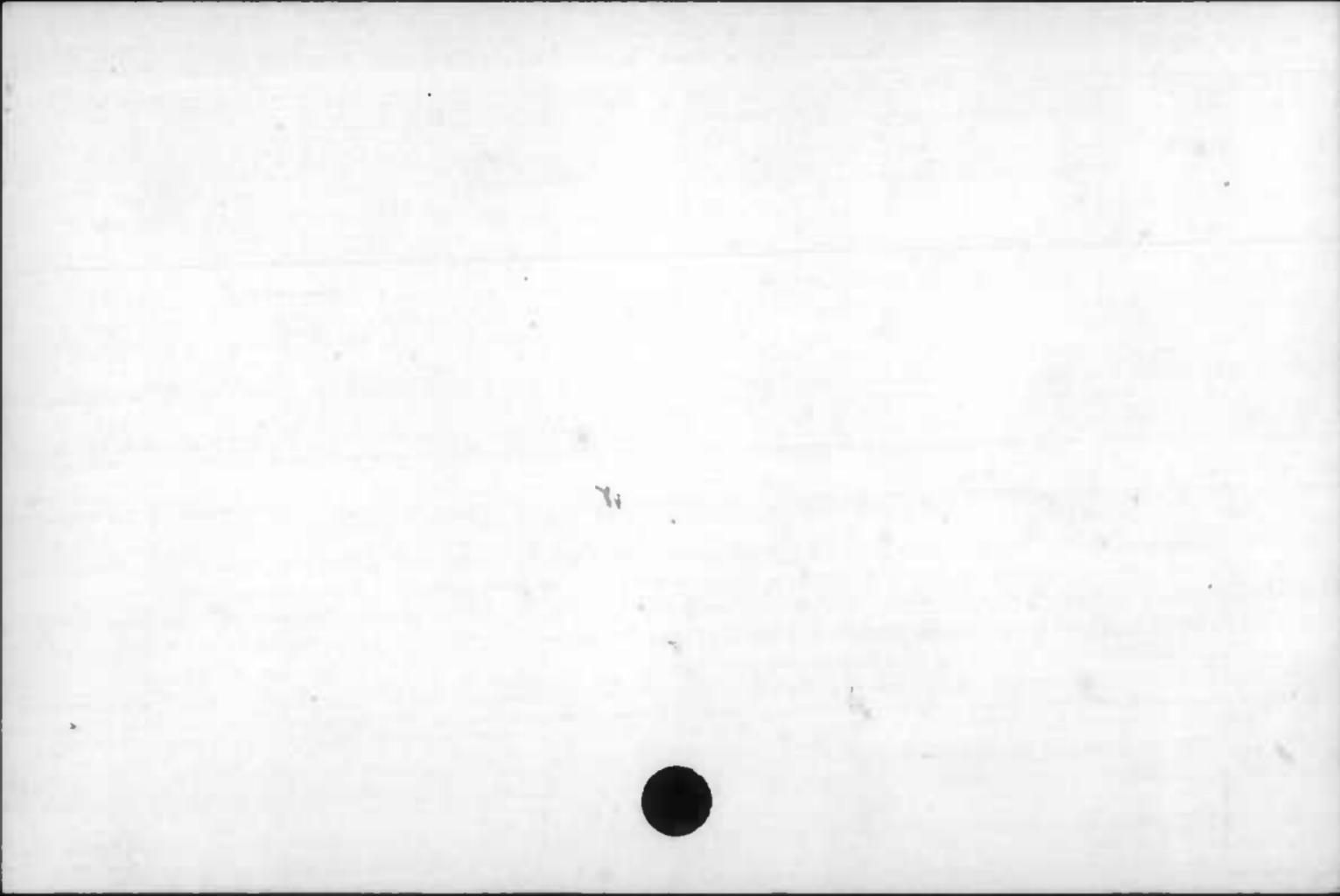
yes

Signature of Physician

Address

D. Kiey,
Corklee
Md.

Accident or Suicide?



Name
in
Full

Lawney Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St. George's Island Town St. Marys County

MARYLAND

Date of death 1909 Month May Day 17 Years Age 65 Months — Days —

Sex Male Color or Race White Birthplace Unknown

Occupation Waterman Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Mary Ball.

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving information Oline Stephens

How related to deceased Cousin

CAUSES OF DEATH

93 ✓

How long

8 days

Primary

Pneumonia

Immediate

Gradual heart failure

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

P. Horner Lynch, M.D.

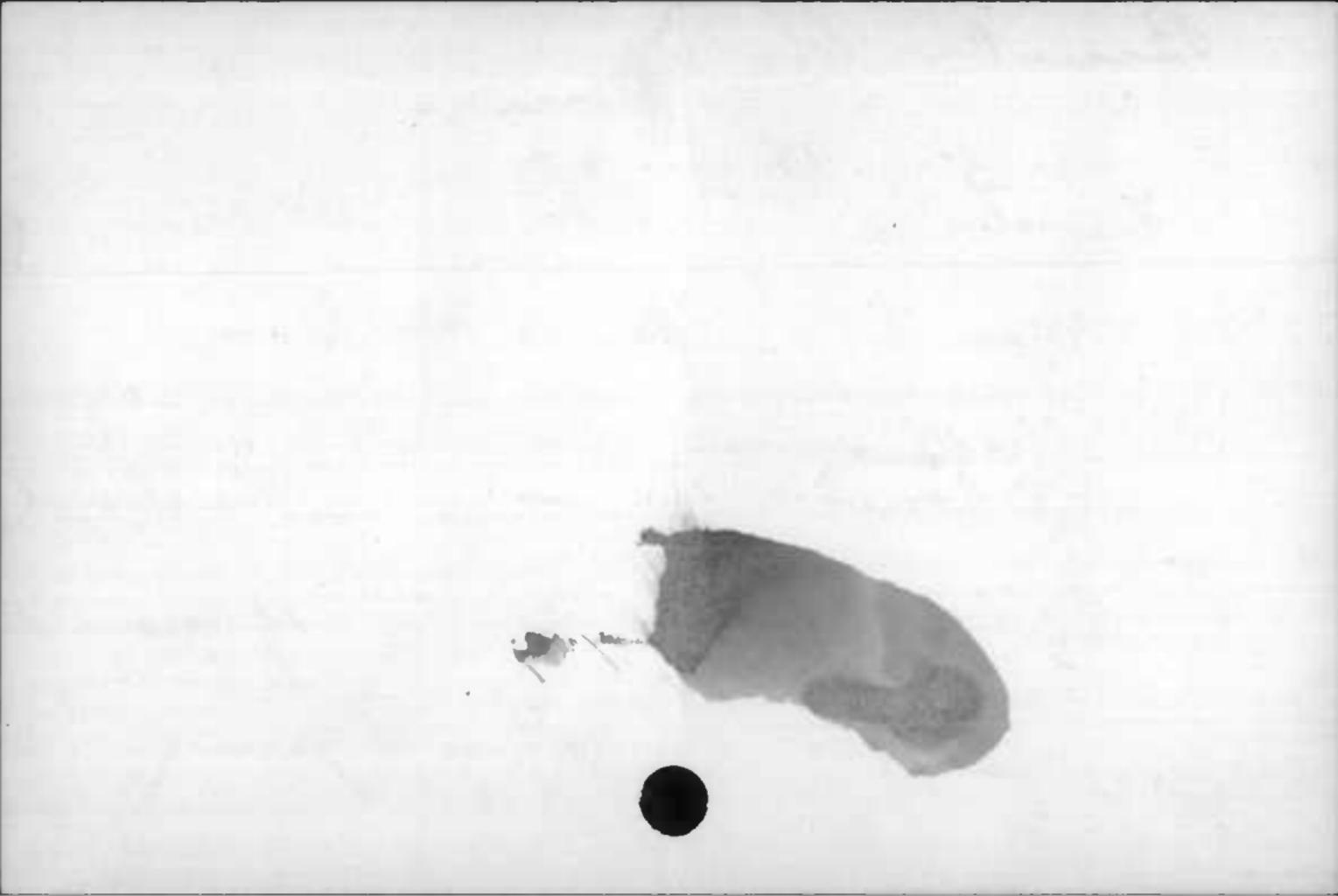
Address

Valley Lee

Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Bertha Melbaum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	James Melbaum		
Father's Name	Ulmann			
Mother's Maiden Name	Ulmann			
Name of person giving Information	How related to deceased			

Married, Single Name of Wife or Husband James Melbaum
 Father's Name Ulmann Father's Birthplace Ulmann
 Mother's Maiden Name Ulmann Mother's Birthplace " "
 Name of person giving Information James Melbaum How related to deceased Husband

CAUSES OF DEATH

27 ✓

How long

10 months

How long

few days

Primary

Lubarsky

Immediate

Exhauition

Are the name, age, sex, color, date and place correctly given above?

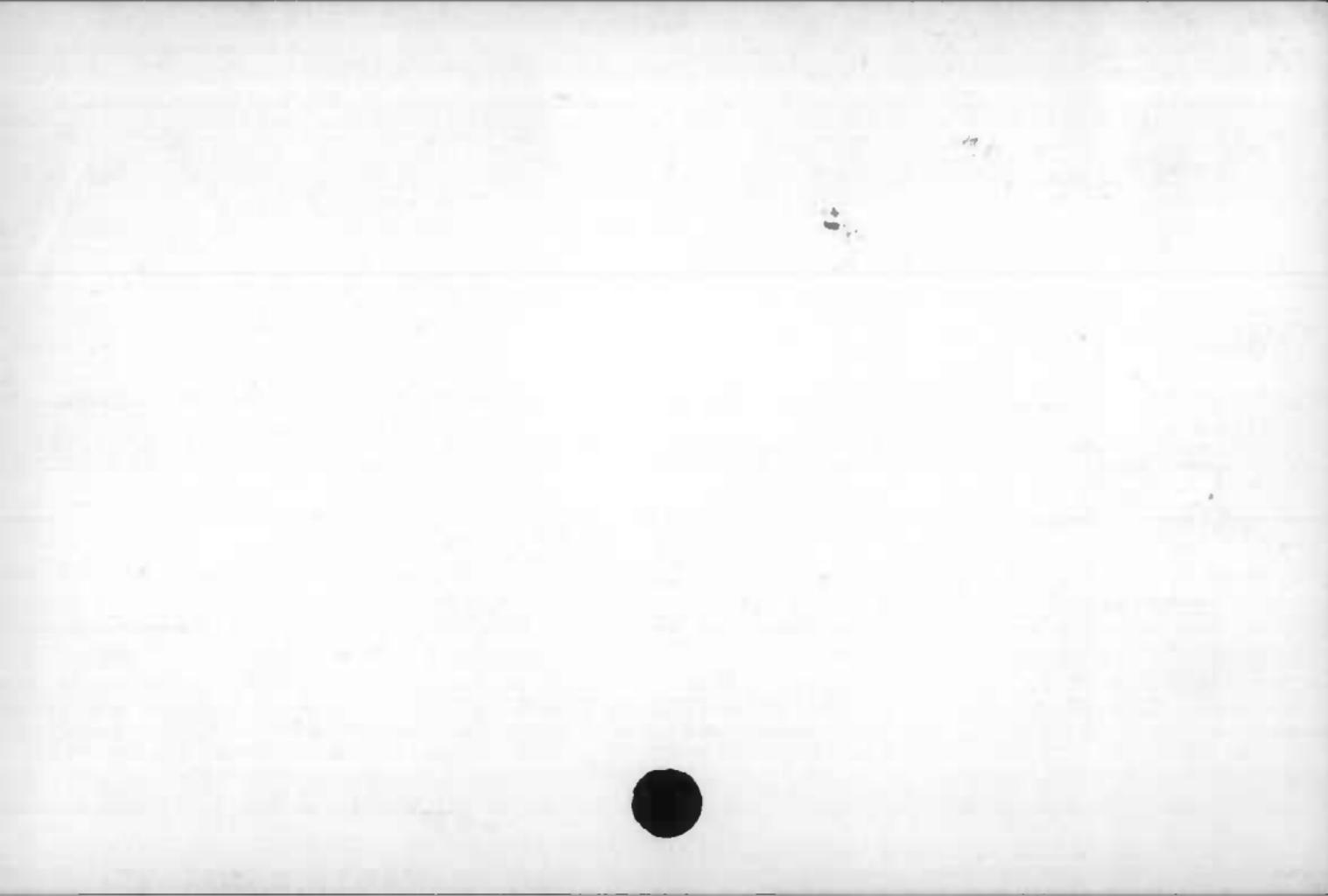
yes

Signature of Physician

Address

Dr. Lynch

Accident or Suicide?



Name
in
Full

Harry Jerome Drasle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	white	Birth-place	md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	single.	Name of Wife or Husband			
Father's Name	Bruce Drasle				
Mother's Maiden Name	Florence Chardoline				
Name of person giving Information	Bruce Drasle.				

CAUSES OF DEATH

Primary

Cerebral meningitis

61

✓

How long

4 days

Immediate

Convulsions

7

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R.H.V. Palme

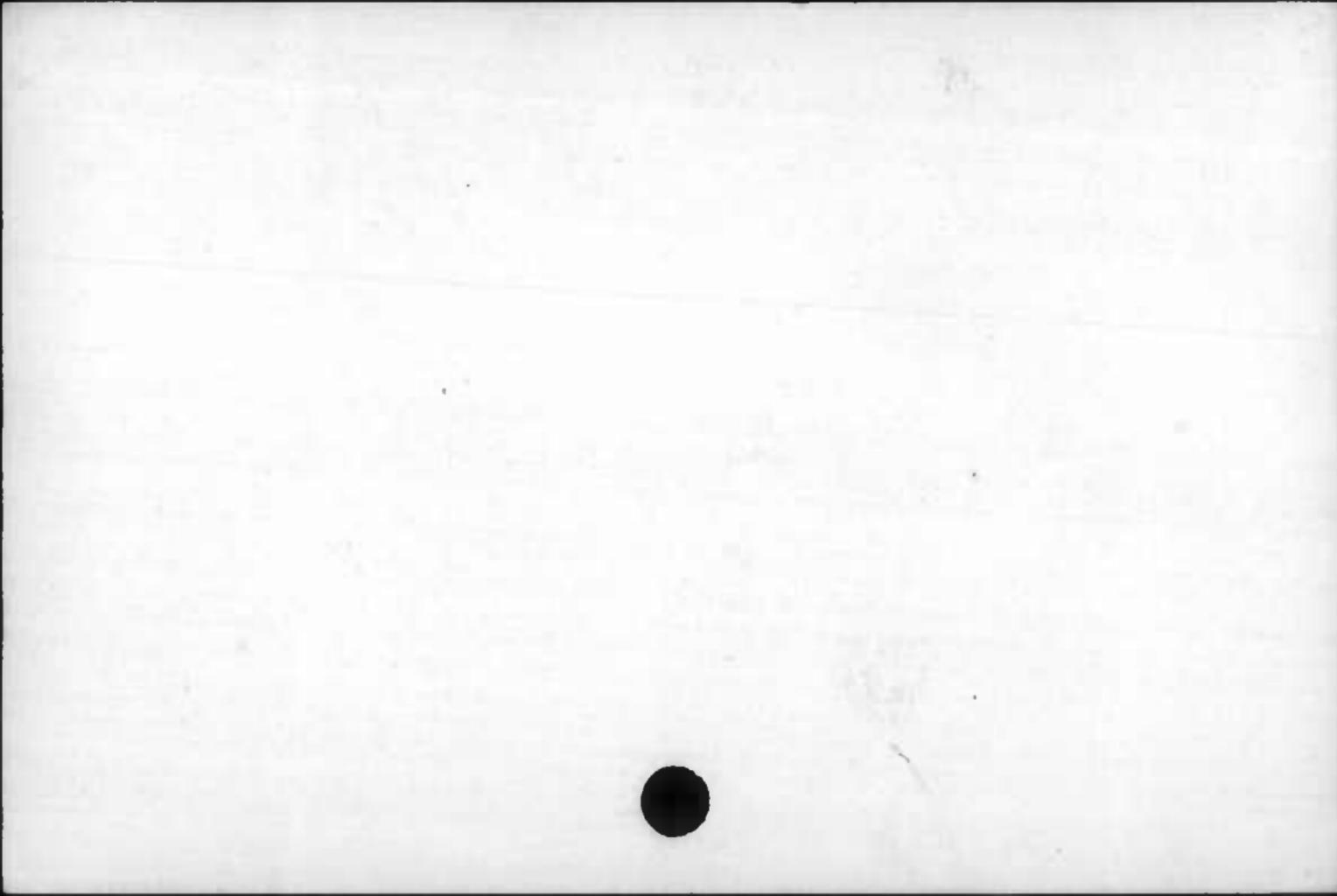
Address

Palmers

md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
FullAmelia Mead Young -
Died at near Catonville St. Mary's

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Month	Day	Age	Years	Months	Days
Date of death 1909	May	30	Age 38			
Sex Female	Color or Race	Colored		Birth-place	Va.	

Occupation Housewife	Where Residing if not at place of death
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Married, Single or Widowed Married	Name of Wife or Husband
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Father's Name Wm. W. Young	Father's Birthplace Va.
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Mother's Maiden Name Josephine Young	Mother's Birthplace
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Name of person giving Information Joseph H. Young	How related to deceased Husband
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CAUSES OF DEATH

79 ✓

How long 3 years

How long

PHYSICIAN
OR CORONER

Primary Organic disease of Heart -

Immediate

Are the name, age, sex, color, date and place correctly given above?
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Signature of Physician

Address

C. B. Johnson - Winganze -

Accident or Suicide?

